



County of Los Angeles  
Department of Animal Care and Control  
**Adoption Partner Program**  
(562) 256-7109 • Fax (562) 422-3408  
<http://animalcare.lacounty.gov>



<b>Type of Application:</b> <input type="checkbox"/> Initial Application <input type="checkbox"/> Contact Information Update			
Organization Name:		501(c)3 ID # : <i>(Please attach a copy)</i>	
Which species of animals do you intend to rescue? <input type="checkbox"/> Dogs <input type="checkbox"/> Cats <input type="checkbox"/> Other:			
Do you rescue animals with medical issues? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Breeds:			
Adoption Partner Address: <i>(NO PO Boxes are accepted)</i>		City:	State:    Zip:
Mailing Address <i>(if different)</i> :		City:	State:    Zip:
Adoption Partner Phone:		Primary Contact Person:	
Primary Contact Phone:		Primary Contact Email:	
Adoption Partner Website Address:			
<b>Kennel/Address where animals are housed.</b> <i>If you use your own volunteers as foster homes, please list those people on Page 2.</i>			
Kennel Address:		City:	State:    Zip:
Do you have a kennel permit at this location?		Permit # & Exp. Date:	
Total # of Runs:		How many animals can you house at this location?	
<b>Veterinarian Used for Animal Care</b>			
Clinic Name:		Clinic Phone Number:	
Address:		City:	Zip:
<b>Full legal name, phone &amp; physical address of people authorized to adopt</b> <i>Pullers must show picture ID at the time of adoption.</i>			
1.		3.	
2.		4.	
<b>Registered Agent</b> <i>For adoption partners located primarily out of state, we require a registered agent for service within the state of California.</i>			
Agent Name:		Company <i>(if applicable)</i> :	
Street Address:			
City		State:    CA	Zip Code:
Phone:		Fax:	
<b>By signing below, I certify that all information provided on this application is true, complete and correct.</b>			
Signature:		Date:	

Adoption Partner Name: \_\_\_\_\_

Individuals Authorized to House AP Animals

	Name	Street Address	City	State	Zip	Phone
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						

## ADOPTION PARTNER PUBLIC INFORMATION FORM

Adoption Partner Name:

Primary Contract:

Please tell us how you would like the public to contact you by checking ONE option below and providing the appropriate information:

☐

Webpage

http://www.

☐

Facebook Page

www.facebook.com/

☐

Email Address

☐

Phone Number

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

PRIMARY CONTACT